

TO: Independent Clinics

APPLICABLE TO: Independent Mental Health Clinics Under Contract to the Department of Human Services, Division of Mental Health and Hospitals, Participating in the Personal Care Assistant Program

SUBJECT: Personal Care Assistant (PCA) Services

PURPOSE: To inform certain independent mental health clinic providers of: (a) the elimination of prior authorization of PCA services by the Division of Mental Health and Hospitals; and (b) an increase in the rate of reimbursement for PCA services.

AUTHORITY: Adoption appeared at 25 N.J.R. 4498(a), September 20, 1993.

- ACTION:
- (1) Prior authorization of PCA services by the Division of Mental Health and Hospitals is not required on or after December 1, 1993.
 - (2) Claims for PCA services provided by independent mental health clinics under contract to the Department of Human Services, Division of Mental Health and Hospitals, with dates of service on or after September 20, 1993, will be reimbursed as follows:

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
Z1600 ZI	Individual Reimbursement Rate, P/Hour	\$13.02
Z1605 ZI	Group Reimbursement Rate, P/Hour	\$10.23
Z1610 ZI	Initial Nursing Assessment Visit, P/Visit	\$35.00
Z1611 ZI	Individual Reimbursement Rate, P/Half Hour	\$ 6.51
Z1612 ZI	Group Reimbursement Rate, P/Half Hour	\$ 5.12
Z1613 ZI	Nursing Reassessment Visit, P/Visit	\$35.00

NOTE:

1. An initial nursing assessment visit must be made to evaluate the need for PCA services. Following the initial visit, a nursing reassessment visit may be provided at least once every six months, or more frequently if the recipient's condition warrants, to reevaluate the recipient's need for continued care.
2. The personal care assistant shall enter progress notes on a weekly basis in the recipient's record, including the recipient's progress toward goals. These progress notes shall be signed and dated by the personal care assistant.
3. The modifier "ZI" must follow the appropriate HCPCS procedure code when submitting a claim in order to accurately identify the service provided. Please be certain that the claim clearly reflects the alpha characters "ZI" (capitals); not the numbers 2 and 1.
4. Adjustments to paid claims beginning with dates of service September 20, 1993 may be made by using an Adjustment Request Form, FD-999. Section 10 of your Fiscal Agent Billing Supplement contains instructions for the proper completion of the FD-999.

Providers billing electronically (EMC) have the capability of submitting adjustments and voids to paid claims. (A denied claim cannot be adjusted.) Please contact your software vendor to make the necessary software updates.

Garden State Health Plan policies and procedures concerning prior authorization remain in effect.

Any questions concerning this Newsletter may be directed to Carol H. Kurland, Administrator, Office of Home Care Programs, at (609) 588-2620.

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(BLUE TAB MARKED "5")